

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Dan Cross</b>		Date of This Filing <b>8-13-18</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only <b>RECEIVED</b> <b>AUG 13 2018</b> <b>CITY OF LINCOLN</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>Lincoln</b>	STATE <b>CA</b>	ZIP CODE <b>95648</b>	No. of Pages <b>1</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<b>8-13-18</b>	<b>Marques Pipelines Inc.</b>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Business</b>	<b>\$5,000<sup>00</sup></b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

### \*\*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee